

# Weekly Supervision Contact - Phases I & II

**Your Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

List all people that have stayed the night or have spent a significant amount of time at your residence since you last turned in your paperwork?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a significant other?      YES      NO

If YES, their name: \_\_\_\_\_

.....

Sponsor's name: \_\_\_\_\_

Sponsor's phone#: \_\_\_\_\_

How many times did you contact your sponsor?

In person: \_\_\_\_\_ Over the Phone: \_\_\_\_\_

Which step(s) did you work on with your sponsor this week?

NONE 1 2 3 4 5 6 7 8 9 10 11 12

Summarize your current step:

.....

What is your Drug Court Payment Plan?

Are you caught up?      YES      NO

.....

Are you current with rent and bills?      YES      NO

If NO, reason: \_\_\_\_\_

.....

Are you required to be employed?      YES      NO

If NO, reason: \_\_\_\_\_

Employer: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Shift: \_\_\_\_\_

Do you work past your curfew?      YES      NO

If YES, have you attached a weekly

schedule sheet?      YES      NO

Are you a student?      YES      NO

Where? \_\_\_\_\_ Hours/Semester: \_\_\_\_\_

I have permission for all of the medications

I am currently taking:      YES      NO

Were you required to participate in any vocational or education services

this week?      YES      NO

**(THIS INCLUDES GED CLASSES)**

If YES, detail below (including how many):

.....

Did you receive any sanctions

this week?      YES      NO

If YES, explain your sanction:

When is it due: \_\_\_\_\_

Did you complete it?      YES      NO

Details: \_\_\_\_\_

.....

Have you had law enforcement contact?

YES      NO

If YES, have you discussed it with your

Supervision Officer?      YES      NO

.....

Any requests or concerns with your individualized Drug Court program?

.....

I have completed ALL requested information honestly and to the best of my knowledge.

I understand that this paperwork needs to be turned in no later than **9:00 am** every Wednesday or I will be sanctioned.

**I HAVE FILLED OUT EVERY SECTION COMPLETELY.      YES      NO**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Revised 09.11.2008

# Weekly Recovery Journal

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

AREAS OF RECOVERY	SUCCESS	ROUGH SPOTS	CONCERNS	GOALS
<b>STAYING CLEAN</b> Dealing with cravings Avoiding triggers Not using				
<b>RECOVERY WORK</b> Community support Meeting attendance Working with sponsor				
<b>SOCIAL RELATIONS</b> Your significant other Making new friends Avoiding old using friends				
<b>PERSONAL</b> Employment/education Plans and goals Self-image work Family Entertainment/hobbies				